

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	3		1			
5						
6			1			
7			1			
8			1			
9						
10			1			
11			1			
12			1			
13			1			
14	1		1	1		
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16	1	1	1	1		
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TOTAL IND.	11		12	12		12
TOTAL DEP.	14	14	15	15		15
TOTAL CLAIMS	18		17			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	↓
TOTAL DEP.					↔	↔
TOTAL CLAIMS						